

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Thank you for your interest in student internship and volunteer opportunities with the Florida Department of Health-Volusia. The Florida Department of Health in Volusia County will provide you with knowledge and a rewarding experience in a state government organization addressing public health needs in coordination with Federal, State and County programs. Florida Department of Health in Volusia County is committed to assisting in the instruction of effective professionals, developing and promulgating public health knowledge, and providing leadership to students and volunteers as a means of achieving its mission in the community.

Please complete the following student internship application and attach the documents listed below to your application:

- Two letters of recommendations with signature (one academic, one personal)
- A one-page statement with signature regarding the reasons why you should be selected as an intern.
- A copy of your latest unofficial transcript.
- A copy of your course Syllabi, Requirements and/or Rotation, Capstone or Internship packet.
- A copy of the evaluation form(s) utilized by your program to evaluate your internship success.
- Any other documents that you want to submit in support of your application.

Please return the completed application, including the requested documents to me electronically, fax or via the US mail system to:

Tarayn Korkus-Nix
717 W. Canal Street
New Smyrna Beach, FL 32168
FAX: 386-274-0879
Tarayn.Korkus-Nix@flhealth.gov

All documents requiring signatures must contain an original signature, electronic signatures are not accepted.

Once your completed application and requested documents have been received, please allow two weeks for the department to review your application packet and finalize a decision. I will notify you of the final decision via the email address or telephone number provided on your application.

Sincerely,

Tarayn Korkus-Nix
Public Health Services Manager
Volunteer and Internship Coordinator

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Personal Information

Date of Application: _____

Last Name

First Name

Middle Name

Mailing Address

City

State

Zip

Home Phone

Cell Phone

Emergency Contact Name

Phone Number

Emergency Contact Name

Phone Number

Valid Email Address

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STUDENT INTERNSHIP APPLICATION

Academic Information

Attending College/University: _____

Faculty Advisor's Name: _____ Phone Number: _____

Declared Major: _____

Declared Minor: _____

Number of Credit hours completed at the start of semester: _____

Grade Point Average at the start of the semester: _____

Number of hours required to complete Internship: _____

Department of interest for Internship: _____

Requested start date of Internship: _____

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STUDENT INTERNSHIP APPLICATION

MISSION, VISION, AND VALUES

Mission

To protect, promote and improve the health of all people in Florida through integrated state, county, and community efforts.

Vision

To be the Healthiest State in the Nation.

Values (ICARE)

Innovation: We search for creative solutions and manage wisely.

Collaboration: We use teamwork to achieve common goals & solve problems.

Accountability: We perform with integrity & respect.

Responsiveness: We achieve our mission by serving our customers & engaging our partners.

Excellence: We promote quality outcomes through learning & continuous performance improvement.

I have read and understand the above items.

Signature

Date

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STUDENT INTERNSHIP APPLICATION
CONFIDENTIALITY FORM

The purpose of this “Memorandum of Understanding” is to emphasize that all information held in health records is confidential, with access governed by state and federal laws. Information which is confidential includes the client’s name, address, medical, social and financial data and services received. Data collection by setting which protects the client from unauthorized individuals. Information discussed by health team members at conferences of team meetings must be held in strict confidence. Client health information should not be discussed outside the agency.

Chapter 384.29, F.S., addresses the need for special discretion in handling of sexually transmitted disease information. Sexually transmitted diseases, by their nature, involve sensitive issues of privacy and all programs designed to deal with these diseases should afford clients privacy, confidentiality and dignity.

I have read Chapter 384.29, F.S. I understand and agree to abide by the provision of this memorandum.

Signature

Date